

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

MENINGOCOCCUS

VACCINES TO PREVENT MENINGOCOCCAL DISEASE

The purpose of this resolution is to add meningococcal conjugate vaccine and meningococcal polysaccharide vaccine to the Vaccines for Children Program. The resolution also clarifies the use of meningococcal conjugate vaccine (MCV4) vs. meningococcal polysaccharide vaccine (MPSV4) and the indications for the use of both vaccines.

A. Polysaccharide Vaccine to Prevent Meningococcal Disease (MPSV4)

1. Eligible Groups

Children and adolescents aged 2-18 years traveling to countries in which *N. meningitidis* is hyperendemic or epidemic, particularly if contact with the local population will be prolonged

Children and adolescents aged 2-18 years with terminal complement deficiencies and those with anatomic or functional asplenia

Children and adolescents aged 2-18 years who are infected with HIV

College freshmen who live in dormitories

2. Recommended Meningococcal Polysaccharide Vaccine Schedule

Age Group	Number of doses
2-18 years	1 dose

Revaccination

Revaccination may be indicated for persons previously vaccinated with MPS4 who remain at high risk for infection (i.e., those with terminal complement deficiency, with anatomic or functional asplenia, those infected with HIV, travelers to hyperendemic or epidemic areas), particularly for children who were first vaccinated when they were <4 years of age. Such children should be considered for revaccination after 2-3 years if they remain at high risk. Although the need for revaccination in adults and older children has not been determined, antibody levels decline rapidly over 2-3 years after the polysaccharide vaccine is given, and if indications still exist for vaccination, revaccination may be considered within 3-5 years.

3. Recommended Dosages

Refer to product package inserts.

4. Contraindications and Precautions

The following conditions are contraindications to the administration of meningococcal polysaccharide vaccine:

a. Allergy to vaccine components

Anaphylactic reaction to the vaccine or a constituent of the vaccine.

b. Acute, moderate or severe illnesses with or without fever

Persons with moderate or severe illness should be immunized as soon as they have recovered from the acute phase of the illness. Minor illnesses (e.g., upper respiratory tract infection, allergic rhinitis) with or without fever should not contraindicate the use of meningococcal polysaccharide vaccine.

B. Conjugate Vaccine to Prevent Meningococcal Disease (MCV4)

1. Eligible Groups

Adolescents aged 11-18 years old with priority given to those listed below if available supplies are limited:

Adolescents aged 11-18 years traveling to countries in which *N. meningitidis* is hyperendemic or epidemic, particularly if contact with the local population will be prolonged

Adolescents aged 11-18 years with terminal complement deficiencies and those with anatomic or functional asplenia

Adolescents aged 11-18 years who are infected with HIV

Adolescents aged 11-12 years old at their preadolescent assessment visit

Adolescents at high school entry (aged 15 years) who were not vaccinated at the preadolescent visit

College freshmen who live in dormitories

2. Recommended Meningococcal Conjugate Vaccine Schedule

Age Group	Number of doses
11-18 years	1 dose

Revaccination

Revaccination may be indicated for persons previously vaccinated with MPS4 vaccine who remain at high risk for (i.e., those with terminal complement deficiency, with anatomic or functional asplenia, those infected with HIV, travelers to hyperendemic or epidemic areas), Although the need for revaccination in adults and older children has not been determined, antibody levels decline rapidly over 2-3 years after the polysaccharide vaccine is given, and if indications still exist for vaccination, revaccination may be considered within 3-5 years. The Advisory Committee on Immunization practices expects that MCV4 will provide longer protection than MPSV4; however, studies will be needed to confirm this. It is anticipated that more data will become available within the next 5 years to guide recommendations on revaccination for persons who were previously vaccinated with MCV4.

MCV4 is recommended for revaccination of persons aged 11 years and older, although the use of MPSV4 is also acceptable.

3. Recommended Dosages

Refer to product package inserts.

4. Contraindications and Precautions

The following conditions are contraindications to the administration of meningococcal conjugate vaccine:

a. Allergy to vaccine components

Anaphylactic reaction to the vaccine or a constituent of the vaccine.

b. Acute, moderate or severe illnesses with or without fever

Persons with moderate or severe illness should be immunized as soon as they have recovered from the acute phase of the illness. Minor illnesses (e.g., upper respiratory tract infection, allergic rhinitis) with or without fever should not contraindicate the use of meningococcal conjugate vaccine.

C. Use of Polysaccharide Vaccine vs. Conjugate Vaccine

Generally, only a single dose of either vaccine is recommended. The MCV4 available in the United States is currently licensed for use in persons aged 11 years and older. MPSV4 is recommended for use in persons aged 2 - 10 years and MCV4 is recommended for vaccination of persons aged 11 years and older, although the use of MPSV4 is also acceptable. In some instances, revaccination is recommended, as noted above.

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